

## Caregiver Affidavits

### 1. Summary of Chapter 98, Statutes of 1994

Education Code section 48204, subdivision (d), as added by Chapter 98, Statutes of 1994, requires school districts to enroll a pupil if the pupil lives in the home of a caregiving adult who resides within the boundaries of the school district. Family Code sections 6550 and 6552 set forth the form of caregiver affidavit to be used to establish residence for school attendance of a pupil and provides that a caregiver affidavit shall not be valid for more than one year.

The Commission on State Mandates, in the Statement of Decision adopted at the May 28, 1998 hearing, determined that Education Code section 48204, subdivision (d), and Family Code sections 6550 and 6552, impose a reimbursable state mandated new program or higher level of service upon school districts within the meaning of section 6, article XIII B of the California Constitution and section 17514 of the Government Code.

### 2. Eligible Claimants

Any school district (K-12) or county board of education that incurs increased costs as a direct result of this mandate is eligible to claim reimbursement of these costs.

### 3. Appropriations

These claiming instructions are issued following the adoption of the program's parameters and guidelines by the Commission on State Mandates. Funding for payment of initial claims covering fiscal years 1994-95, 1995-96, 1996-97, and 1997-98, may be made available in a future appropriation act subject to the approval of the Legislature and the Governor.

To determine if this program is funded in subsequent fiscal years, refer to the schedule, "Appropriation for State Mandated Cost Programs," in the *"Annual Claiming Instructions for State Mandated Costs"* issued in October of each year to county superintendents of schools and superintendents of schools.

### 4. Types of Claims

#### A. Reimbursement and Estimated Claims

A claimant may file a reimbursement and/or an estimated claim. A reimbursement claim details the costs actually incurred for a prior fiscal year. An estimated claim shows the costs to be incurred for the current fiscal year.

#### B. Minimum Claim

Government Code § 17564(a) provides that no claim shall be filed pursuant to Government Code § 17561 unless such a claim exceeds \$200 per program per fiscal year. However, any county superintendent of schools, as fiscal agent for the school district, may submit a combined claim in excess of \$200 on behalf of one or more districts within the county even if the individual district's claim does not exceed \$200. A combined claim must show the individual costs for each district. Once a combined claim is filed, all subsequent years relating to the same mandate must be filed in a combined form. The county receives the reimbursement payment and is responsible for disbursing funds to each participating district. A district may withdraw from the combined claim form by providing a written notice to the county superintendent of schools and the State Controller's Office of its intent to file a separate claim, at least 180 days prior to the deadline for filing the claim.

## 5. Filing Deadline

### A. Initial Claims

Pursuant to Government Code section 17561, subdivision (d)(3), initial claims must be filed within 120 days from the issuance of claiming instructions. Accordingly:

- (1) Reimbursement claims detailing the actual costs incurred for the 1994-95, 1995-96, 1996-97, and 1997-98 fiscal years must be filed with the State Controller's Office and postmarked by February 24, 1999. If the reimbursement claim is filed after the deadline of February 24, 1999, the approved claim must be reduced by a late penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.
- (2) Estimated claims for costs to be incurred during the 1998-99 fiscal year must be filed with the State Controller's Office and postmarked by February 24, 1999. Timely filed estimated claims are paid before late claims. If a payment is received for the estimated claim, a 1998-99 reimbursement claim must be filed by January 15, 2000.

### B. Annually Thereafter

Refer to the item, "Reimbursable State Mandated Cost Programs", contained in the cover letter for mandated cost programs issued annually in October, which identifies the fiscal years for which claims may be filed. If an "x" is shown for the program listed under "19\_\_/19\_\_ Reimbursement Claim", and/or "19\_\_/19\_\_ Estimated Claim", claims may be filed as follows:

- (1) An estimated claim filed with the State Controller's Office must be postmarked by January 15 of the fiscal year in which costs are to be incurred. Timely filed estimated claims will be paid before late claims.

After having received payment for an estimated claim, the claimant must file a reimbursement claim by January 15 of the following fiscal year. If the district fails to file a reimbursement claim, monies received for the estimated claim must be returned to the State. If no estimated claim was filed, the agency may file a reimbursement claim detailing the actual costs incurred for the fiscal year, provided there was an appropriation for the program for that fiscal year. For information regarding appropriations for reimbursement claims, refer to the schedule, "Appropriation for State Mandated Cost Programs" in the previous fiscal year's annual claiming instructions.

- (2) A reimbursement claim detailing the actual costs must be filed with the State Controller's Office and postmarked by January 15 following the fiscal year in which costs were incurred. If the claim is filed after the deadline but by January 15 of the succeeding fiscal year, the approved claim must be reduced by a late penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.

## 6. Reimbursable Activities

For each eligible school district and county board of education, the direct and indirect costs of labor, supplies, and services incurred for the following mandated components are reimbursable:

### A. Preparation and Adoption of Policies, Procedures, and Forms

- (1) The one-time activity of preparing, amending, and adopting policies, procedures, and forms (other than the caregiver affidavit form) to implement the mandated program. This includes forms related to the enrollment of pupils to incorporate provisions referring to caregiver affidavits and enrollment on caregiver status.
- (2) Incorporating the statutory caregiver affidavit form into other school district policies, procedures, and forms.

**B. Annual Acceptance and Approval of Caregiver Affidavits and Monitoring Students**

- (1) The continuing activity of accepting and reviewing for completeness the caregiver affidavit form submitted by the caregiver on an annual basis. This includes the review of the caregiver affidavits upon receipt to verify completion of items one through four (1- 4) and the signature line on the form.
- (2) The continuing activity of monitoring and tracking students enrolled under a caregiver affidavit for annual expiration and renewal of the affidavit.

**C. Administrative Tasks Associated with Enrollment and Transfers**

The continuing activity of performing administrative tasks associated with enrollment and transfer of students under the caregiver affidavit program.

**D. Training**

Activities associated with training school district personnel about the requirements related to the enrollment of pupils living with caregivers are eligible for reimbursement. This component includes, but is not limited to, the labor time of administrators and other school district personnel involved with the preparation of training sessions and conduct or attend training sessions. The cost of materials and supplies used or distributed in training sessions is eligible for reimbursement.

- (1) The one-time activity of developing training regarding the requirements of the subject mandate.
- (2) The continuing activity of conducting and attending training regarding the requirements of the subject mandate.

**7. Reimbursement Limitations**

Any offsetting savings or reimbursement the claimant received from any source including, but not limited to, service fees collected, federal funds, and other state funds as a direct result of this mandate shall be identified and deducted so only net local costs are claimed.

**8. Claiming Forms and Instructions**

The diagram "Illustration of Claim Forms" provides a graphical presentation of forms required to be filed with a claim. A claimant may submit a computer generated report in substitution for forms CA-1 and CA-2 provided the format of the report and data fields contained within the report are identical to the claim forms included in these instructions. The claim forms provided with these instructions should be duplicated and used by the claimant to file estimated or reimbursement claims. The State Controller's Office will revise the manual and claim forms as necessary. In such instances, new replacement forms will be mailed to claimants.

**A. Form CA-2, Component/Activity Cost Detail**

This form is used to segregate the detailed costs by claim component. A separate form CA-2 must be completed for each cost component being claimed. Costs reported on this form must be supported as follows:

- (1) Salaries and Benefits

Identify the employee(s), and/or show the classification of the employee(s) involved. Describe the mandated functions performed and specify the actual time devoted to each function by each employee, productive hourly rate, and related fringe benefits. In lieu of actual hours, the average number of hours devoted to each reimbursable activity may be claimed if supported by a documented time study. At present no instructions are available for performing a time study. Therefore, it is suggested that claims be based on actual costs.

Reimbursement for personal services include compensation paid for salaries, wages, and employee fringe benefits. Employee fringe benefits include regular compensation paid to an

employee during periods of authorized absences (e.g., annual leave, sick leave) and the employer's contribution of social security, pension plans, insurance, and worker's compensation insurance. Fringe benefits are eligible for reimbursement when distributed equitably to all job activities which the employee performs.

Source documents may include, but are not limited to, time logs evidencing actual costs claimed under Reimbursable Activities, time sheets, payroll records, canceled payroll warrants, organization charts, duty statements, pay rate schedules, and other documents evidencing the expenditure. If a documented time study is the basis for claimed time spent, attach the time records with the claim. The State Controller's Office will review the time study for precision and reliability.

(2) Materials and Supplies

Only expenditures that can be identified as a direct cost of this mandate may be claimed. List the cost of materials and supplies consumed specifically for the purposes of this mandate. Purchases shall be claimed at the actual price after deducting cash discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

Source documents may include, but are not limited to, general and subsidiary ledgers, invoices, purchase orders, receipts, canceled warrants, inventory records, and other documents evidencing the expenditure.

(3) Contract Services

Provide the name(s) of contractor(s) who performed the service(s), including any fixed contracts for services. Describe the reimbursable activity(ies) performed by each named contractor, and give the number of actual hours spent on the activities, if applicable. Show the actual dates when services were performed and itemize all costs for those services. Attach consultant invoices with the claim.

Source documents may include, but are not limited to, general and subsidiary ledgers, contracts, invoices, canceled warrants, and other documents evidencing the expenditure.

(4) Equipment

List the cost of equipment and other capital assets acquired for the purpose of this mandate. Explain the use of each type of equipment. Leased equipment (with an option to purchase), are considered purchases. If the equipment is acquired for the subject state mandate, but is utilized in some way not directly related to the program, only the pro-rated portion of the equipment that is used for purposes of this program is reimbursable.

Source documents may include, but are not limited to, general and subsidiary ledgers, invoices, purchase orders, receipts, canceled warrants, inventory records, and other documents evidencing the purchases.

(5) Travel Expenses

Travel expenses for mileage, per diem, lodging, and other employee entitlements are reimbursable in accordance with the rules of the local jurisdiction. Provide the name(s) of the traveler(s), purpose of travel, inclusive travel dates, destination points and costs.

Source documents may include, but are not limited to, employee travel expense claims, receipts, and other documents evidencing the travel expenses.

(6) Training

The cost of training specified in Section 6, Reimbursable Activities, are reimbursable. Give the class title, dates, location, and name(s) of the employee(s) attending training associated with the mandate. Reimbursable costs include, but are not limited to, salaries and benefits of

personnel conducting or attending the training, registration fees, transportation, lodging, and per diem.

Source documents may include, but are not limited to, employee travel expense claims, receipts, and other documents evidencing the training expenses.

For audit purposes, all supporting documents must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. When no funds are appropriated for the initial claim at the time the claim was filed, supporting documents must be retained for two years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

**B. Form CA-1, Claim Summary**

This form is used to summarize direct costs by claim component and compute allowable indirect costs for the mandate. Claim statistics shall identify the work performed for costs claimed. School districts must give the number of caregiver affidavits filed in the fiscal year of claim.

School districts and local boards of education may compute the amount of indirect costs utilizing the State Department of Education's Annual Program Cost Data Report J-380 or J-580 rate, as applicable. The cost data on this form is carried forward to form FAM-27.

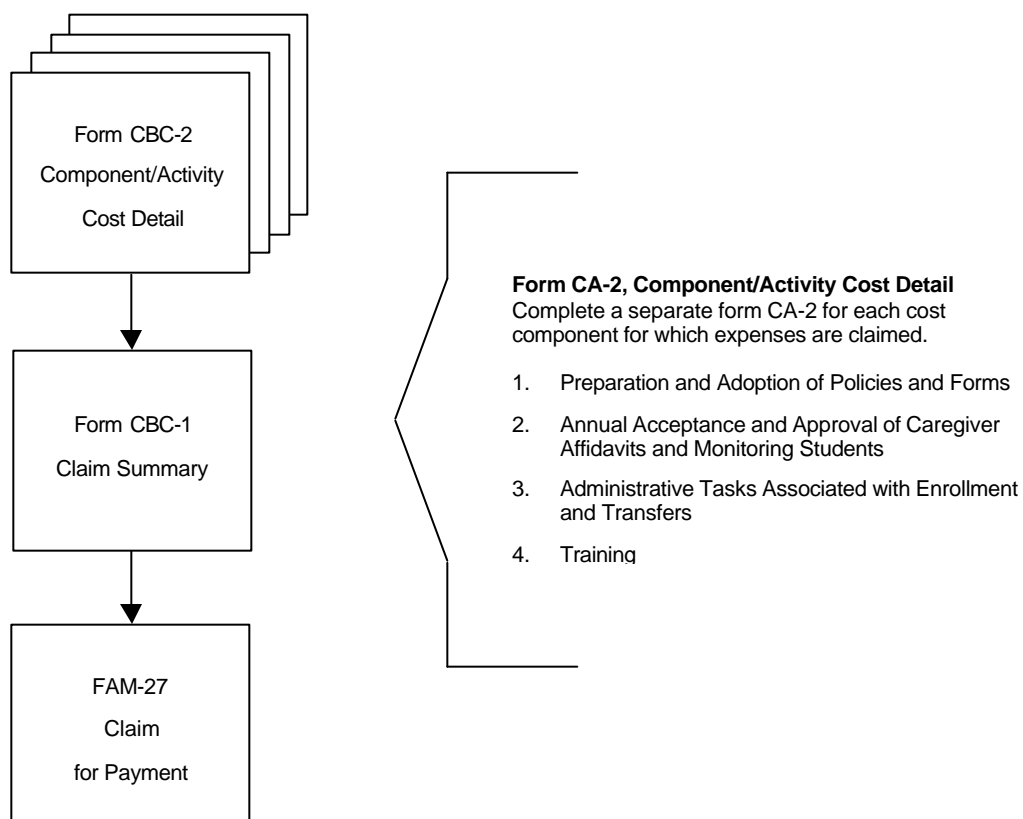
**C. Form FAM-27, Claim for Payment**

Form FAM-27 contains a certification that must be signed by an authorized representative of the district. All applicable information from form CA-1 must be carried forward to this form for the State Controller's Office to process the claim for payment.

**D. Cost Accounting Statistics**

The Commission on State Mandates requests that claimants send a copy of form CA-1 for the initial year's reimbursement claims by mail or facsimile to the Commission on State Mandates, 1300 I Street, Suite 950, Sacramento, CA 95814, Facsimile: (916) 445-0278. Although providing this information is not a condition of payment, claimants are encouraged to provide this information to enable the Commission to develop a statewide cost estimate and recommend an appropriation to the Legislature.

## Illustration of Forms



<b>CLAIM FOR PAYMENT</b> <b>Pursuant to Government Code Section 17561</b> <b>CAREGIVER AFFIDAVITS</b>			<b>For State Controller Use Only</b> (19) Program Number 00172 (20) Date Filed ____/____/____ (21) LRS Input ____/____/____		<b>Program</b> <div style="font-size: 2em; font-weight: bold; margin-top: 5px;">172</div>
L A B E L  H E R E	(01) Claimant Identification Number			<b>Reimbursement Claim Data</b>	
	(02) Claimant Name			(22) CA-1, (03)	
	County of Location			(23) CA-1, (04)(1)(f)	
	Street Address or P.O. Box Suite			(24) CA-1, (04)(2)(f)	
	City State Zip Code			(25) CA-1, (04)(3)(f)	
	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>Type of Claim</b>            (03) Estimated <input type="checkbox"/>            (04) Combined <input type="checkbox"/>            (05) Amended <input type="checkbox"/> </div> <div style="width: 30%;"> <b>Estimated Claim</b> </div> <div style="width: 30%;"> <b>Reimbursement Claim</b>            (09) Reimbursement <input type="checkbox"/>            (10) Combined <input type="checkbox"/>            (11) Amended <input type="checkbox"/> </div> </div>			(26) CA-1, (04)(4)(f) (27) CA-1, (06) (28) CA-1, (07) (29) CA-1, (09)	
	<b>Fiscal Year of Cost</b>			(30) CA-1, (10)	
<b>Total Claimed Amount</b>			(31)		
Less: 10% Late Penalty, not to exceed \$1,000			(32)		
Less: Prior Claim Payment Received			(33)		
<b>Net Claimed Amount</b>			(34)		
<b>Due from State</b>			(35)		
<b>Due to State</b>			(36)		
<b>(37) CERTIFICATION OF CLAIM</b> <p>In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the school district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the the State of California that the foregoing is true and correct.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;">           Signature of Authorized Officer   <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> </div> <div style="width: 35%;">           Date   <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">           Type or Print Name            (38) Name of Contact Person for Claim         </div> <div style="width: 35%;">           Title            Telephone Number (     )     -     <b>Ext.</b> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">           E-Mail Address         </div> <div style="width: 35%;"></div> </div>					

<b>Program</b> <b>172</b>	<b>CAREGIVER AFFIDAVITS</b> <b>Certification Claim Form</b> <b>Instructions</b>	<b>FORM</b> <b>FAM-27</b>
------------------------------	---	------------------------------

- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) If filing an estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing a combined estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended estimated claim, enter an "X" in the box on line (05) Amended.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of the estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form CA-1 and enter the amount from line (11).
- (08) Enter the same amount as shown on line (07).
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim from form CA-1, line (11). The total claimed amount must exceed \$1,000.
- (14) Reimbursement claims must be filed by January 15 of the following fiscal year in which costs are incurred or the claims shall be reduced by a late penalty. Enter zero if the claim was timely filed, otherwise, enter the product of multiplying line (13) by the factor 0.10 (10% penalty), not to exceed \$1,000.
- (15) If filing a reimbursement claim and a claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., CA-1, (03), means the information is located on form CA-1, line (03). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 7.548% should be shown as 8.  
**Completion of this data block will expedite the payment process.**
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

**SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:**

***Address, if delivered by U.S. Postal Service:***

**OFFICE OF THE STATE CONTROLLER  
 ATTN: Local Reimbursements Section  
 Division of Accounting and Reporting  
 P.O. Box 942850  
 Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**OFFICE OF THE STATE CONTROLLER  
 ATTN: Local Reimbursements Section  
 Division of Accounting and Reporting  
 3301 C Street, Suite 500  
 Sacramento, CA 95816**



<b>Program</b> <div style="font-size: 2em; font-weight: bold; padding-top: 5px;">172</div>	<b>MANDATED COSTS</b> <b>CAREGIVER AFFIDAVITS</b> <b>CLAIM SUMMARY</b>	<b>FORM</b> <b>CA-1</b>
(01) Claimant		(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>
		Fiscal Year 20__/20__
(03) Number of caregiver affidavits filed in year of claim		
<b>Direct Costs</b>	<b>Object Accounts</b>	
(04) Reimbursable Components  1. Preparation and Adoption of Policies, Procedures and Forms  2. Annual Acceptance and Approval of Caregiver Affidavits and Monitoring Students  3. Administrative Tasks Associated with Enrollment and Transfers  4. Training	(a) Salaries and Benefits	(b) Materials and Supplies
	(c) Travel and Training	(d) Equipment
	(e) Contract Services	(f) Total
(05) Total Direct Costs		
<b>Indirect Costs</b>		
(06) Indirect Cost Rate	[From J-380 or J-580]	%
(07) Total Indirect Costs	[Line (06) x line (05)(a)]	
(08) Total Direct and Indirect Costs	[Line (05)(f) + line (07)]	
<b>Cost Reduction</b>		
(09) Less: Offsetting Savings, if applicable		
(10) Less: Other Reimbursements, if applicable		
(11) Total Claimed Amount	[Line (08) – {line (09) + line (10)}]	

<b>Program</b> <b>172</b>	<b>CAREGIVER AFFIDAVITS</b> <b>CLAIM SUMMARY</b> <b>Instructions</b>	<b>FORM</b> <b>CA-1</b>
------------------------------	--	----------------------------

- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form CA-1 must be filed for a reimbursement claim. Do not complete form CA-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form CA-1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Enter the number of caregiver affidavits that were filed in the fiscal year of claim.
- (04) Reimbursable Components. For each reimbursable component, enter the total from form CA-2, line (05), columns (d), (e), (f), (g), and (h) to form CA-1, block (04), columns (a), (b), (c), (d), and (e) in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns (a) through (f).
- (06) Indirect Cost Rate. Enter the indirect cost rate from the Department of Education form J-380 or J-580, as applicable for the fiscal year of costs.
- (07) Total Indirect Costs. Enter the result of multiplying the Indirect Cost Rate, line (06), by the Total Salaries and Benefits, line (05)(a).
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (10) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10), from Total Direct and Indirect Costs, line (08). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

<b>Program</b> <div style="font-size: 2em; font-weight: bold; margin-top: 5px;">172</div>	<b>MANDATED COSTS</b> <b>CAREGIVER AFFIDAVITS</b> <b>COMPONENT/ACTIVITY COST DETAIL</b>	<b>FORM</b> <b>CA-2</b>
--	---	----------------------------

(01) Claimant	(02) Fiscal Year Costs Were Incurred
---------------	--------------------------------------

(03) Reimbursable Component: Check only **one** box per form to identify the component being claimed.

<input type="checkbox"/> Preparation and Adoption of Policies, Procedures, and Forms	<input type="checkbox"/> Administrative Tasks
<input type="checkbox"/> Annual Acceptance and Approval of Caregiver Affidavits and Monitoring Students	<input type="checkbox"/> Training

(04) Description of Expenses: Complete columns (a) through (h). **Object Accounts**

(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Travel and Training	(g) Equipment	(h) Contract Services
(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ____ of ____							

<b>Program</b> <b>172</b>	<b>CAREGIVER AFFIDAVITS</b> <b>COMPONENT/ACTIVITY COST DETAIL</b> <b>Instructions</b>	<b>FORM</b> <b>CA-2</b>
------------------------------	---	----------------------------

- (01) Enter the name of the claimant.
- (02) Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Components. Check the box which indicates the cost component being claimed. Check only one box per form. A separate form CA-2 shall be prepared for each applicable component.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, travel expenses, etc. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. When no funds are appropriated for the initial payment at the time the claim was filed, supporting documents must be retained for three years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

Object/ Sub object Accounts	Columns								Submit these supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
<b>Salaries</b>	Employee Name	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked					
<b>Benefits</b>	Title Activities	Benefit Rate		Benefits = Benefit Rate x Salaries					
<b>Materials and Supplies</b>	Description of Supplies Used	Unit Cost	Quantity Used		Cost = Unit Cost x Quantity Used				
<b>Travel and Training</b>	Purpose of Trip Name and Title Departure and Return Date	Per Diem Rate Mileage Rate Travel Cost	Days Miles Travel Mode			Total Travel Cost = Rate x Days or Miles			
	Employee Name/Title Name of Class		Dates Attended			Registration Fee			
<b>Equipment</b>	Description of Equipment Purchased Equipment ID	Unit Cost	Quantity Used				Cost = Unit Cost x Quantity Used		Invoices
<b>Contract Services</b>	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service					Cost = Hourly Rate x Hours Worked	Copy of Contract and Invoices

- (05) Total line (04), columns (d), (e), (f), (g), and (h) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component/activity costs, number each page. Enter totals from line (05), columns (d), (e), (f), (g), and (h) to form CA-1, block (04), columns (a), (b), (c), (d) and (e) in the appropriate row.